Maintenance Therapy: A Round Table Discussion

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This round table discussion was an extension of a round table during the previous Clinical Aphasiology Conference (Warren, 1976). The topics for the Portland round table were to be "Termination and Follow-up"; however, the discussion focused on termination, thus the extension this year to maintenance therapy.

The initial task for the discussants was to define maintenance therapy. The consensus of the group was that maintenance therapy consists of "..the preservation of language skills gained during a formalized therapy interval". The goal of maintenance therapy was essentially the same as the definition: "..to prevent deterioration of communication skills present at termination of formal therapy". There was general agreement that maintenance implied a group situation, as numerous comments were prefaced by "Our maintenance group..." and "Our group...".

After the participants had agreed on a definition and goal, the discussion ranged over numerous, divergent topics. Although a true representation of the interchanges is not possible, the major points may be summarized as answers to some of the questions raised during the discussion.

Question #1: Is maintenance for language only?

The discussants seemed to feel that language was not the only consideration in maintenance therapy -- even though the definition and goal were expressed in terms of language skills. Several persons discussed programs not directly involving language, such as providing guest speakers to discuss diets, welfare, dental care, and even financial planning. The discussants also indicated that "socialization" was often a major portion of maintenance therapy.

Question #2: What happens in maintenance therapy?

The answer seemed to be "anything and everything". Some discussants described specific, goal-directed programs and others described non-specific programs which functioned as social groups. What occurs during maintenance therapy was not clearly specified by the discussants.

Question #3: What are the criteria for maintenance therapy?

The general attitude seemed to be that patients who had been terminated from some type of formalized program were then candidates for a maintenance program. Few discussants had definitive criteria for placing patients in maintenance programs and no one was able to specify the patient behaviors which would indicate that a patient be placed in a maintenance program. A patient may be enrolled in a maintenance program simply because he does not wish to break contact with the speech pathologist or in some way "needs" the continued contact. There was some contention that maintenance therapy is contraindicated if the goals specified for other therapies have been attained.

The general answer to who needs maintenance seems to be, "whomever we think needs it" -- even though we do not seem to be able to specify the patient with any precision.

Question #4: When does maintenance end?

Again, no definitive answer was forthcoming. A recurring theme was that the patients often dismissed themselves and that they were often the best judges of when maintenance was no longer needed. It was apparent that the aphasiologist, the family, and the patient were often able to reach a discharge decision; however, this is usually based on subjective reasoning.

Question #5: What is the value of a maintenance program and does it actually "maintain"?

This particular question touched off an involved discussion covering a wide range of practical and philosophical areas. Briefly, the comments to this question would indicate that we do not have the data to demonstrate that maintenance therapy is effective. The same comment applies to the value of maintenance therapy. The value was often expressed in subjective terms and did not seem to be a measurable quantity at this time.

The discussants indicated that even if maintenance programs were not of demonstrable value in terms of the patient being maintained, patients enrolled in other forms of therapy did benefit from the contact with the "maintenance" patients. Those programs incorporating spouses were also thought to be beneficial. An additional "value" of maintenance programs was the experience and material they could provide clinicians-in-training.

One interesting point raised during this portion of the discussion concerned the clinically noted phenomenon of a decrement in patient performance subsequent to discharge from therapy. If the decrement is inevitable, even after the patient has been enrolled in a maintenance program, then what is the value of such a program? We as a profession do not seem to have the data to show that maintenance programs are effective. The defense to this point was cast in subjective terms involving patient outlook and attitudes -- quantities not yet accurately measured.

Additional Questions: Many more questions raised during the round table will not be discussed here because of space limitations, but included were the following:

1. Do you maintain the non-functional patient?
2. What is the role of the paraprofessional in maintenance?
3. What is the role of tele-communication in maintenance?
4. What are the ethical considerations in maintenance?
5. What are the cost factors associated with maintenance?
6. How do we avoid patient dependence?

Summary

Maintenance therapy, in one form or another, is something that most clinical aphasiologists provide their patients. It appears to be a rather amorphous concept involving both language and non-language activities. It may be goal oriented or it may be non-specific socialization, but it definitely involves a group situation. It seems to begin after the patient is discharged from a more formalized, language-oriented program and continues until the

patient voluntarily discharges himself, moves away, or a decision to discharge the patient from maintenance is reached. We seem to have few data concerning who should be in maintenance, what form maintenance should take, when maintenance should be terminated, or even whether maintenance therapy is worthwhile.

Reference

Warren, R. L., Termination and follow-up: round table discussion. Clinical Aphasiology: Proceedings of the Conference, Minneapolis: BRK Publishers, 358-361, 1976.